



LEICESTERSHIRE

HEALTH

1973 - 1983

10 YEAR POLICY

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Strategy for the Development of the
Health Services in Leicestershire

1973 Review.

Policies and Priorities

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1.0

INTRODUCTION

The last revision of the Council's ten year plan for the development of health and welfare services was carried out in September 1970 and related to the years 1971/72 to 1980/81. Since that review, the seventh in the series, the Social Services Committee, set up to carry out the duties of the Council under the Social Services Act, has formulated fresh proposals in relation to those services in a ten year policy document accepted by the County Council in May 1972.

The situation has also altered with the Government's intention to reorganise Local Government and to unify the local administration of the National Health Service under new health authorities covering the whole field of health care. The combined effect of this legislation will bring to an end in March 1974 the responsibility of the Local Health Authority to provide personal health services. Consequently after that date there will no longer be a Health Department as a major department of the County Council and the post of the County Medical Officer of Health will also disappear. However, in addition the legislation lays down that in exercising their respective functions, Health Authorities and Local Authorities are required to co-operate with one another in order to secure and advance the health and welfare of the population.

Accordingly, the Health Committee of the County Council considers it appropriate to undertake a comprehensive review of the existing level of service provided for the ratepayers and residents of Leicestershire and to provide information on its policies and priorities. The following document defines the corporate philosophy and objectives of the Authority with regard to its responsibilities in the health services and the strategy which has been employed to achieve these aims.

2.0

CORPORATE PHILOSOPHY

The prevention of disease, the prolonging of life and the promotion of health and efficiency through organised community efforts for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organisation of medical, nursing and ancillary services for the early diagnosis and preventive treatment of disease and the development of social machinery to ensure for every individual a standard of living adequate for the maintenance of health; so organising these benefits as to enable every citizen to realise their birthright of health and longevity.

(World Health Organisation 1952)

3.0 OBJECTIVES

- 3.1 To achieve a physically, mentally and socially healthy community.
- 3.2 To prevent, detect and control ill-health.
- 3.3 To provide services for the treatment of illness.
- 3.4 To provide facilities to supplement and support other services within the National Health Service and the Social Services.

HEALTH CENTRES

5.0.

5.1. The County Council are committed to the provision of health centres as prescribed under Section 21 of the National Health Service Act, 1946, to any general medical practitioners expressing a desire to practise from such centres providing that the population to be served exceeds 5,000. Where appropriate the Council have expressed a desire to see health centres erected in conjunction with Community Hospitals or on an adjacent site to existing peripheral hospital units.

Health Centre facilities are expected to offer a wide range of community services including those currently administered by Executive Councils and if need be the hospital service. Wherever possible accommodation will also be provided for Social Services field workers in order to bring about greater collaboration between General Practitioners and Social Workers. The Council has also accepted the need to provide appropriate accommodation for multi-disciplinary training purposes particularly in relation to medical students from the new Leicester Medical School and the vocational training of general practitioners by arrangement with the Postgraduate Council.

In the light of experience it is the Council's aim to design and build health centres more quickly and economically and to achieve this by the use of standardised architectural procedures and techniques.

The Council are of the opinion that after 1974 the provision of health centres will be a fruitful field for collaboration between local government and the health services and it is hoped that it will prove possible to make available the expertise of the County Architect.

Plans for future health centres will be so sited and designed as to make it possible to increase facilities to cope with future developments and additional population. The Health Centres Joint Advisory Committee have drawn attention to the need for adequate car parking facilities in all centres in the County area.

Where reorganisation of general practice gives rise to difficulties or the population to be served is small, consideration will be given to the provision of mini health centres.

5.2. Present Position as at January 1973:

5.2.1. Centres in operation:

Syston
Lutterworth
Narborough

5.2.2. Centre under construction:

Ashby (estimated completion date September 1973)

5.2.3. Centres at design stage:

Kibworth (estimated completion date December 1973)
Hinckley (in association with Community Hospital)

5.2.4. Centres to be built as soon as sites acquired:

Barrow-upon-Soar
Countesthorpe
Fleckney
Loughborough (in association with Community Hospital)
Market Harborough
Melton Mowbray (in association with Community Hospital)
Oadby
Shepshed
South Wigston
Whitwick
Wigston

5.2.5. Sites being purchased and earmarked against probable future needs:

Anstey
Coalville
Barlestone
Bottesford
Grobby/Glenfield
Hamilton
Broughton Astley

Firm dates for the commencement of work on centres under 5.2.4 above cannot be given because of the difficulties in completing the purchase of sites although it is known that the Department of Health and Social Security are in a position to provide loan sanctions for all of these projects.

6.0.

CHILD HEALTH SERVICES

The following sections should be read in conjunction with the policy document of the Education Committee "A Ten Year Plan for Education", Paragraph 2 and Appendix of the Report of the Education Standing Committee on pages 79-142 Education Committee report of 31st January, 1973. See Appendix.

6.1. Services for Pre-School Children

The Council provide more than 80 child health clinics throughout the County where mothers can attend with infants and young children for advice and developmental assessment. Attendance is increasingly by appointment and many sessions are held by family doctors assisted by attached community nursing staff. After the unification of the health service the Council anticipate a rapid acceleration in the provision of well baby clinics by the community health care teams based on general practice.

It is the Council's policy to promote screening clinics and all infants are offered Guthrie tests and if necessary other tests for metabolic disorders in the first few weeks of life. In addition parents are sent appointments by computer to bring children at about the age of 8 months for a comprehensive screening by health visitors for hearing impairment and other defects. In the first few months of this scheme more than 95% of children are being seen at local centres throughout the County. Children failing tests or who give rise to concern are referred to specialist medical officers at one of six assessment centres which will be backed by the forthcoming facilities at the Paediatric Assessment Centre at the Leicester Royal Infirmary. Cases of hearing impairment are seen by a medical officer in conjunction with a specialist health visitor and a teacher of the deaf. It is envisaged that routine inspection by appointment will be offered at about eighteen months to two years and again around the fourth birthday.

The Health Committee accept that this desirable change in emphasis towards comprehensive screening and where necessary continuous surveillance together with the gradual rise in the pre-school population, will necessitate a gradual increase in the establishment of medical officers (trained in developmental child health) health visitor and other specialist workers who make up the multi-disciplinary assessment teams.

6.2. Services for School Children

It is the intention of the Local Education Authority that medical inspection of children should take place soon after school entry and the examination to include a complete social, intellectual and medical appraisal of each child. Thereafter children are examined selectively at an intermediate stage and on school leaving or as the necessity arises. In addition, technicians carry out vision and hearing screening of entrants, and school nurses are involved in selective hygiene inspections.

Present staff shortages have created a backlog and this together with the gradual but steady increase in the numbers on the school registers will necessitate significant improvements in the establishment and recruitment of doctors, health visitors, school nurses and other members

of the school health service team. It is recognised that an urgent priority is the extension of vision screening to groups other than school entrants, namely school leavers and children aged 7-8 years and 10-11 years.

It is the aim of the Education Committee with the improved staffing suggested below to develop closer links between school doctors and individual schools so that in addition to routine inspections a comprehensive counselling service to pupils, staff and head teachers will be readily available, possibly by a system of regular and certainly more frequent visits than has been possible in the past.

After March 1974 the Authority is concerned for the preservation and further development of the present partnership and to maintain a relationship with individual doctors, nurses and other staff to whom they and their pupils and their parents can turn with ease and confidence. It is expected that the value of the service will be fully recognised and sufficient resources donated to it and that medical and other health service staff shall continue to see themselves as part of the team responsible with the Education service for trying to provide the best opportunity for each individual child.

Present Staffing Position

There are nine medical officers currently in post giving a ratio of 1:14,000 children (Pre-school and school population).

Recommended Staff/Child ratios to be achieved for different disciplines:-

16 Doctors	1:8,750)	Total Child population
100 Health Visitors	1:1,400)	
20 School Nurses	1:4,650	School population
30 State Enrolled Nurses	1:4,600)	Total Child population
9 Technicians	1:26,000)	
5 Physiotherapists	1:30,000)	

It is anticipated that with the reorganisation of the National Health Service, family doctors will play a greater part in the inspection of pupils and the Area Health Authority will provide full-time medical officers whose expertise will be directed mainly in the assessment, treatment and educational placement of the children with handicapping conditions. The Education Committee look forward to close co-operation with the newly formed Employment Medical Advisory Service to whom all handicapped and potentially handicapped persons will be referred on leaving school.

The Education Committee will also co-operate in the extension of special clinics for schoolchildren, for example enuresis, obesity and chiropody clinics.

In the field of Health Education, important developments have taken place including the recruitment of health education officers with teaching backgrounds. However, the service is in urgent need of expansion and in recognition of this the Council have already agreed to an increase in establishment in 1973/74 of 8 school nurses to release health visitors for health education. A working party set up by the Director and the

Principal School Medical Officer comprising head teachers and school health staff are preparing advice on health matters for schools, teaching staff and parents. Recruitment of specialist health education staff will be pursued to the extent that resources permit.

6.3. Dental Health Service

This service has been under severe pressure for a number of years. The basic problem has been a severe shortage of clinic accommodation linked to a significant shortage of dental officers. The Education Committee recognise the importance of dental health and an urgent programme to improve facilities and staffing has been initiated. Efforts are also being made in the field of dental health education and the Committee looks forward to the implementation of the Council's resolution to fluoridate the water supply.

The Committee are also concerned over the difficulties involved in securing orthodontic advice and treatment in the County and every opportunity will be taken to co-operate with the Sheffield Regional Hospital Board to improve the level of service.

6.3.1 Present facilities

- | | |
|---------------------------|---|
| Coalville Clinic | - Existing surgery re-equipped 1971-72 and new second surgery provided. |
| Loughborough Clinic | - Old surgery accommodation renovated and re-equipped and new second surgery provided August 1972.
One Surgery Suite Transportable Building closed September 1972. |
| Lutterworth Health Centre | - One surgery suite opened January 10th, 1972. |
| South Wigston Clinic | - One surgery reopened after 4 years closure, following renovation and re-equipping, July 1972. |
| Market Harborough Clinic | - One surgery suite with poor facilities in wartime prefabricated building. In need of replacement. |
| Melton Mowbray Clinic | - One room, one surgery suite in urgent need of extension and improvement. |
| Five Mobile Caravans | - One surgery each but are 1,2,4,6 and 8 years old, the oldest renovated and re-equipped July 1972. No.2 requires separate electrical heating circuit and renovation to outside and re-equipping. |

6.3.2 Capital Works for New Accommodation

a) In Health Centres (figures in brackets indicate number of surgeries)

- 1972/73 Ashby (1)
- 1973/74 Countesthorpe (1)
- Kibworth (1)
- Market Harborough (1)
- Syston extension (1)

- 1974/75 Loughborough (2)
Shepshed (1)

- 1975/76 Hinckley (2)
Oadby (2)
Wigston (2)
Barlestone (1)

b) In School Campus Clinics (figures in brackets indicate number of surgeries).

- 1972/73 Loughborough College (1)

- 1973/74 Wigston Guthlaxton Upper (2)
Countesthorpe Upper (1)
Coalville Upper (1)

- 1974/75 Earl Shilton (1)
Oadby Beauchamp (1)

- 1975/76 Shepshed Upper (1)
Birstall Longslade (1)

- 1976/77 Groby/Anstey Upper (1)

- 1978/79 Quorn Rawlins Upper (1)

c) In Portable Type Buildings (figures in brackets indicate number of surgeries).

- 1973/74 Hinckley (1)
Market Harborough/Enderby (1)

d) Improvement to existing building.

- 1973/74 Melton Mowbray (new equipment will be required).

N.B. There is some apparent duplication in these lists in order to keep options open in two spheres, and any development is subject to review in the light of building progress.

6.3.3 Other Improvements

1972/73 - Removal of Transportable type building from Loughborough to Melton and provision of concrete base with main services. Renovation of outside of building.

1973/74 - Renovation and re-equipping of mobile caravan No.2.

1974/75 - a) Re-equipping Transportable Unit (Melton).
b) Re-equipping and renovation of No.3 Mobile Caravan.
c) New Mobile Caravan.

1975/76 - Renovation and partial re-equipping of No.4 mobile.

1976/77 - Renovation of No.5 mobile.

1977/78 - Replacement of No.1 mobile.

1978/79 - Replacement of No.2 mobile.

6.3.4 Staffing

The present establishment is as under with the figures in brackets indicating those in post at 1.1.73.

- 1 Principal Dental Officer (1)
- 5 Area Dental Officers (4)
- 2 Senior Dental Officers. (Nil)
- 6 Dental Officers (3)
- 2 Dental Auxiliaries (1) Part-time for Dental Health Education only.

Request has been made for 1973/74 to increase the Senior Dental Officer posts to 3 at the expense of one Dental Officer post, as an incentive to recruitment and for an additional Dental Auxiliary post to be created. The latter would enable Dental Health Education and preventive programmes to be introduced and expanded.

The aim of the Education Committee is to improve the present Dental Officer/Pupil ratio of 1:10,750 to a more acceptable level of 1:4,000 as quickly as resources, the provision of accommodation and recruitment permit. The Committee are aware that not only is the number of school children on the registers of maintained schools increasing by 3,500 per year but the Council also has a responsibility to provide a service to other priority groups namely young children and expectant mothers.

6.4. Speech Therapy Service

The present service offers therapy to children and young people up to school leaving age, consultant referred adult cases, and training facilities for students at the City of Leicester College of Education, Department of Speech Therapy.

Pre-school and school children who have speech and/or language problems but who do not require special education, are seen throughout the County at clinics held in Health Centres, School Clinics, Schools and occasionally in Village Halls, etc. Children with special educational needs are catered for in special schools and units.

At the present rate of referral which must be regarded as minimal in view of the recent past deficiencies in this service, three additional full-time therapists are needed urgently to meet current demand. The Education Committee recognise that with the increasing number of children and adequate screening of pre-school children, and the need to improve the intensity of treatment, more speech therapists will be required. If the growing number of playgroups, special units and schools are taken into account, it appears reasonable to set a target of one therapist for every 5,000 children providing that adequate administrative and clerical backing is afforded.

With regard to adults, the Council have already agreed to co-operate with the Leicester No.1 Hospital Management Committee acting as agents of the Sheffield Regional Hospital Board to provide a speech therapy service for

adults referred by consultants for which the Authority is reimbursed. It is hoped that in offering the hospital service a notional session per therapist per week, the professional expertise and interest of the speech therapists will be broadened, always with the proviso that children are the first priority of the service. Clearly the Council would wish to expand the facilities offered to the hospital service as therapists and financial resources permit and express the hope that the Area Health Authority will have similar orders of priority.

After reorganisation of the health services, consideration will need to be given as the possibility of providing an adult service for non-Consultant referred patients, e.g. from family doctors. In addition, the unified speech therapy service of the Area Health Authority will be required to provide access to suitable patients and placements for students in training at the Leicester Department of Speech Therapy.

There are eleven therapists (i.e. $9\frac{1}{2}$ whole time equivalent) in post as at 1.1.73 as under (establishment given in brackets).

Chief Speech Therapist	1	(1)
Senior Therapists	3	(4)
Therapists	$5\frac{5}{11}$	$= 5\frac{1}{2}$ (7)

which gives a Speech Therapist/Child ratio of 1:11,850.

The Council's aim is to improve the service offered by the addition of about 30 therapists by 1983 thus achieving a target ratio of 1:5,000 as recommended by the Quirk Report on Speech Therapy Services.

6.5. Audiology Services

The Council has accepted the need to provide routine screening at eight months and again at school entrance with follow up as required at multi-disciplinary diagnostic clinics. Only children with significant degrees of hearing impairment are referred for Consultant opinion. The Committee proposes to undertake a survey of four age groups in order to consider the appropriateness of a further screening test and to establish the most suitable age group to test. The Education Committee provides Audiometricians, an Audiology Technician (for the maintenance and repair of hearing aids, electronic equipment and the manufacture of ear moulds) and a team of peripatetic teachers specially trained to assist with hearing impaired children. The hospital services for the treatment of diseases of the Ear, Nose and Throat have been less satisfactory and the Council look forward to additional Consultant Otologists and in-patient facilities being provided at local hospitals by the Regional Board.

Whilst the Committee accept that children should be educated so far as is possible in normal schools, partially hearing units are being provided for the different age groups based on day schools for those needing further help and special equipment. As a last resort some profoundly deaf children require the educational facilities of a special school. Because of the small numbers involved it is necessary to make this provision on a regional basis rather than for an individual Education Authority, and boarding accommodation may be necessary because of the distance between home and school.

With the establishment of the new Area Health Authorities, Audiology Services will be transferred from Local Government but it is the Council's view that these services must be considered as an integral part of the comprehensive service for Hearing Impaired Children. The main share of responsibility for the management of hearing handicap in children rests with the educational services and this division of responsibility for the two aspects of the service constitutes a significant danger to the development and maintenance of the comprehensive service. Close ties between Audiological and Educational services are essential and the involvement of teachers of the deaf in both fields is seen as an essential feature in the maintenance of this liaison. The Education Department confirms that the Senior Teacher of the Deaf should remain responsible for maintaining the essential attachment between the Health Services and the Peripatetic teaching service.

Existing Units: 1 Nursery/Infant - Oadby.

Proposed Units: 1 Junior - Oadby - due to open September 1973
1973/74 1 Infant - Loughborough
1974/75 Junior Unit - Loughborough
Secondary Unit - Oadby
1975/76 Secondary Unit - Loughborough

Discussions are taking place on the policy to be adopted by the new Authority. Experience has shown that it is unsuitable to provide for nursery age children in the same unit as children of Infant School age. Consequently it is likely that pre-school children will attend nursery classes or pre-school playgroups where they will be supported by a peripatetic teacher.

The present establishment and staffing position as at the beginning of 1973 is as under (with vacancies in brackets).

- 1 Senior Peripatetic Teacher (Nil)
- 3 Peripatetic Teachers of the Deaf (1)
- 2 Unit Teachers (Nil)
- 1 Senior Audiology Technician (Nil)
- 4 Audiometricians (Nil)

The Education Committee hope to appoint further teachers as under to man the Units and improve the peripatetic teaching staff/child ratio of 1:50.

1973/74 - 1 Peripatetic Teacher of the Deaf
1 Unit Teacher

1974/75 - 2 Unit Teachers

1975/76 - 1 Peripatetic Teacher of the Deaf for Special
school and Further Education Liaison
1 Unit Teacher.

6.6. Child and Family Guidance Service

The present arrangements involve Consultant Child Psychiatrists from the Sheffield Regional Hospital Board, Educational Psychologists from the Local Education Authority and School Psychological Service, and

Psychiatric Social Workers from the Local Health Authority working together as a multi-disciplinary team.

Referrals and case loads continue to increase year by year and additional staff from all three disciplines together with adequate clerical support are seen as a prerequisite of an adequate service.

After 1974 it seems likely that the three specialties will become firmly entrenched in their professional bases but the Education Committee wish to reiterate their belief that the Child and Family Guidance Service should be firmly based in the community and organised on a clinic-team base sharing premises and supporting services with the School Psychological Service, even though it is recognised that children's psychiatrists will have increasing access to hospital beds and out-patient facilities in district general hospitals. The Committee also holds the view that more than ever an effective service will depend on close co-operation and co-ordination between the Area Health Authority, Social Services and the Local Education Authority.

The present position with regard to staffing and premises is as under:

Staffing:

- 2 Part-time Consultants
- 1 Part-time Assistant Childrens Psychiatrist
- 4 Full-time equivalent P.S.W. increasing to 6 $\frac{1}{2}$ April 1973
- 4 Educational Psychologists increasing to 5 April 1973
(all engaged on mixed duties for School Psychological Service and Child Guidance Clinic)

In addition there are:

- 3 Remedial Teachers, increasing to 4 April 1973
- 1 Peripatetic for Autistic
- 1 Peripatetic for Pre-school Handicapped
employed by School Psychological Service but frequently engaged in work involving Child Guidance cases.
- 4 Clerks, increasing to 5 April 1973

Clinics:

Specific premises 1

Out-clinic sessions are held regularly in 6 school health clinic premises.

Units:

- 1 (Adolescent girls)

The Education Committee's aim is to co-operate with the Health Services in achieving the following staff/child ratios:

- Psychiatrists/Total Child Population 1:45,000
- Psychologists/Total Child Population 1:10,000
- Psychiatric Social Workers/Total Child Population 1:20,000

7.0.

COMMUNITY NURSING SERVICES

7.1. Administration

The administration of the Local Authority Nursing Services in Leicestershire has been reorganised in accordance with the recommendations of the Mayston Report. The major change has been to give top and middle management responsibility over a geographical area and over staff of all disciplines within that area rather than on a functional basis as previously.

The areas were selected on the basis of the following factors:-

- a. Population.
- b. The presence of an urban area large enough to support an administrative office.
- c. Factors likely to apply and be relevant following reorganisation of the health services, e.g. accessibility to a District General Hospital.
- d. Proximity to Area offices of the Social Services Department.
- e. Coterminal with proposed Local Government District boundaries.

The present administrative staffing of nursing officers is as under.

Director of Nursing Services.

Divisional Nursing Officers - 2 posts.

Area Nursing Officers - 3 posts.

Nursing Officers - 15 posts.

The Health Committee are of the opinion that the decentralisation of the administration will facilitate communications between managers and field staff and improve accessibility of management to local hospitals, general practitioners and the social services department. It will also allow easier monitoring of services and standards of patient care. The proposed area offices are as under.

Hinckley
Loughborough
Melton Mowbray

7.2. Health Visiting Service

The extension of the health visitor's role which has resulted from attachment to general practitioners, has created extra demands upon staff. The routine screening procedures outlined in paragraph 6.1. and the increasing population also account for many additional hours of health visiting time.

The Health Committee has previously based its requirements on the recommendations of the Jameson Report but now receive the advice contained in Circular 13/72 of the Department of Health and Social Security which recommends 1 health visitor to 3,000 of the population. It is noted with concern that because of financial restrictions and the national shortage of health visitors the present ratio (as at 1.1.73) of 1:9,500 represents a short fall of about 120 full-time equivalents. The need to find a more equitable way of allocating funds to allow an increase in strength is recognised. Efforts will also be made to increase the number of health visitor students as an essential part of recruitment.

7.3. Midwifery and Home Nursing

Staff to population ratios in these fields compare favourably with the national average but the service is stretched by heavy training commitments, maternity leave and sickness. In consequence many general practitioners are less than adequately served.

Where Local Authority nursing services are less than the general practitioners need, there is a possibility of the direct employment of practice nurses which severely curtails the surgery activities of the District Nursing Sisters and may jeopardise attachment.

The work of the District Nursing Sister is rapidly changing to equate with that of the hospital ward sister in terms of depth of professional knowledge, level of nursing skill and areas of management responsibility - albeit in the wider field. This is due to the earlier planned discharge of patients from hospital and a greater degree of primary care of all age groups.

The midwifery service home delivery rate has dropped to about 1 in 8 deliveries but the reduction in domiciliary confinements is more than offset by an increasing involvement of midwives in ante-natal care and post-natal nursing of early hospital discharges.

The Committee are aware that with the unification of the Health Services, midwifery will probably be integrated from a hospital based service. However, it is still planned to extend the provision of domiciliary midwives to conduct deliveries in general practitioner units in local hospitals such as the schemes at Ashby and District Hospital and the Nuneaton Maternity Hospital which are working well.

7.4. Ancillary Staff

Measures to conserve nursing skills for the benefit of the patient are supported by the Health Committee. The concept of the Community Health Care Team is welcomed although it is realised that the employment of ancillary nurses with varying levels of experience demands more from fully trained staff by way of skills in delegation, supervision, co-ordination and communication. However, this is resulting in more effective deployment of staff and this trend must continue at an accelerated rate if the demands of the community are to be met, especially in the field of geriatric care.

State Enrolled Nurses acting as assistants to health visitors have given help in routine hygiene inspections in schools, health centres and in routine home visiting of pre-school children and of the elderly. These nurses are now offered District Nurse Training in an attempt to reduce the number of people going into a home and to reduce travelling. By working in a dual capacity, the Enrolled Nurse involved in supervisory visits can perform any necessary nursing care within her ability. As an aid to the more effective deployment of health visitors, an extension of these supportive services must be planned.

7.5. Night Nursing Service

Investigations into the pilot schemes running in Loughborough and around the periphery of the City of Leicester indicated that modifications to the service could be made without loss of efficiency. From 1st December, 1972, night nursing bases were established at each of the County Ambulance Stations to give County-wide coverage. However, whereas the experimental service was operated from 2100 hours to 0600 hours, in practice it was found that few visits were found to be necessary after midnight and the present system covers the hours from 2030 hours to 0030 hours with an "on call" system after that time.

The system will be monitored carefully to determine its effectiveness. At this stage it would appear that ancillary support should be strengthened and consideration given to the introduction of an "early morning" service to permit rationalisation of the duties of heavily committed day staff.

7.6. Radio Communications

Delivery of a sophisticated radio communication system is awaited for the nursing service after prolonged testing of sets in the Hinckley area. The sets to be provided can be carried by nursing staff or clipped into a special housing in cars which is connected to the battery for charging. The system will be operated from the Ambulance Central Control and offers selective calling and two-way conversation capability. The Health Committee anticipate that these facilities will be of interest to family doctors who will be offered the opportunity of joining the network.

7.7. Research

For the first time the Nursing Service have an officer with a specific responsibility for research. The results of the investigation into staff deployment and utilisation of time are eagerly awaited. It is the policy of the Health Committee to encourage this hitherto neglected field and several areas of study are planned, e.g. aspects of patient care, training needs, patient dependency which it is hoped will shed light on local needs and deficiencies in the service.

7.8. Accommodation

The Health Committee's policy has been to purchase three houses per year for the use of nursing staff but the position with regard to staff housing in the community after 1974 is not yet clear.

Present Position:

Houses owned by County Council	-	27
District Council houses leased by County Council	-	5
District Council houses let direct to nurses and retained on change of tenancy	-	2
Nurses providing own accommodation	-	188
Vacant posts	-	7
Houses available for vacant posts	-	5

7.9. Refresher Courses and In-Service Training

The Committee will continue to encourage the provision of refresher courses and the planning of in-service training. Health Visitor training is mainly in association with the school at the Leicester Polytechnic whilst 4 courses per year for District Nurse training for state registered and state enrolled nurses are held at County Hall.

In addition, three day management courses are offered for all field staff by arrangement with the School of Business Studies and senior staff are encouraged to attend first line and middle management courses.

8.0.

AMBULANCE SERVICE

The demands on the Ambulance Service in terms of the number of patients and the total number of miles over which patients are carried continues to increase. Apart from the necessity of ensuring readily available ambulance transport to the community as and when required, the Council foresee additional demands placed upon the service by the increase in population, the greater use of day patient care and by the improved facilities being provided by the hospital service including major redevelopments at the existing hospitals and the projection of a third District General Hospital at Glenfrith towards the end of the decade.

To meet this additional demand and the changes brought about by reorganisation, the Health Committee see a need for further purpose-built stations at Oadby, Enderby, Glenfield and the eventual closing down of the Avenue Road Station.

It is also intended to enlarge the Central Control and make provision for a teleprinter (telex) installation linking all the ambulance stations and the hospitals served. As the existing control room at Ireton Road does not lend itself to extension, it is proposed to relocate the Central Control and the headquarters section to accommodation near a major hospital in Leicester City.

Under the proposals for reorganisation the ambulance service is to have officers at regional level and is likely to develop closer links with neighbouring Area Health Authorities within the Region. In consequence there will be increased scope in the future for centralised maintenance and supply facilities. In the short term it is probable that ambulance and other health vehicles will be serviced and repaired at the existing workshops of the Leicester City Ambulance Service.

Additional vehicles and equipment will be needed to meet the increased demand and the radio communication system provided in the current financial year 1972/73 is to include for an emergency reserve channel. The mobile equipment will cater for switching to channels used by adjoining services, and the installation will be capable of expansion.

The Council have accepted the principle of "double manning" of vehicles and recognise the importance of maintaining an adequate and fully trained establishment of ambulance personnel by active recruitment.

The training school will shortly be based at Markfield Hospital where residential accommodation will be available for officers being trained from other Authorities in the Region and elsewhere. Preparations are in hand to provide basic training and refresher courses and the Leicestershire school will provide first line supervisory courses for (a) the Birmingham School who will specialise in instructor training, and (b) the Staffordshire school who will offer courses on control instruction and middle management.

Present Position:

<u>Stations</u>	<u>Vehicles</u>	<u>Strength</u>
Ireton Road, H.Q. Section & Control	-	18
Avenue Road, Station and Training School	10	35

Present Position cont

<u>Stations</u>	<u>Vehicles</u>	<u>Strength</u>
Market Harborough	4	17
Syston - open May 1970	10	29
Melton	5	19
Loughborough - opened January 1973	8	25
Coalville	8	24
Hinckley	5	20
Lutterworth - opened June 1968	6	18
Reserve fleet	5	

9.0. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

9.1. Health Education

The Local Health Authority has a major responsibility for providing health education under powers conferred by Section 12 of the Health Services and Public Health Act, 1968. The County Council and the District Councils may also carry out health education as public health authorities under Section 179 of the Public Health Act, 1936. In addition, the Local Education Authority and School Governing Bodies are responsible for the place of health education in the school curriculum. Promotion and co-ordination of health education activities at national level is a function of the Health Education Council to whom the County Council pay an annual grant according to the population.

On reorganisation the Government intend that health education functions will pass to the Area Health Authority and that the existing health education powers of district authorities will be available to the new Local Government Authorities in respect of environmental health and communicable disease control, especially food hygiene. The responsibilities of Local Education Authorities will remain unchanged.

The present arrangements set up after the restructuring of the Health Department in 1971 are eminently suitable to provide the basis for future health education services.

Present Establishment:

Health Education Adviser
Health Education Officers - 3 posts
Clerk/Technician

It is the aim of the Health Committee to gradually build up the number of posts in this section and to engage and equip staff with appropriate and differing professional backgrounds.

Proposed establishment to be achieved:

1 Health Education Adviser
1 Deputy Health Education Adviser
10 Health Education Officers (5 by 1974)
1 Audio-Visual Technician
1 Clerk

The Adviser in Health Education and the Health Education Officers will be encouraged to promote all aspects of health education in a manner suitable to the needs of schools, colleges, adult education establishments, hospitals, organisations, industry and the general public. In-service training activities in all fields, e.g. teachers, community nurses, training establishments, etc. will be increased to assist in the dissemination of informed knowledge on health matters.

It is the aim of the Health Committee to give greater coverage in health education particularly to those groups at present receiving inadequate help, namely toddlers, the middle aged, and the aged, the mentally and physically handicapped and at training schools for nurses and nursery nurses.

9.2. Family Planning

The policy of the Council is to make family planning advice and birth control readily available to all County residents. In recognition of the importance of this service the Policy Committee have recommended an increase in the estimate provision for 1973/74 to enable Application 5 of the Family Planning Association's scheme (the Council's agents for this service) to be applied, i.e. free advice and treatment to medical cases and free advice but not free treatment to social cases, providing in both instances they are resident within the County.

The service is administered from, and almost half the cases attend, a purpose-built clinic incorporated in St. Peters Health Centre in Highfields, Leicester. Other clinics are held weekly at Market Harborough, Hinckley, Loughborough (twice weekly), Melton, and arrangements are being finalised to provide a service from Narborough Health Centre. Coalville is currently one of two towns (the other is Runcorn, Cheshire) in which research is being carried out on behalf of the Department of Health and Social Security to determine the pattern of provision needed for a comprehensive family planning service over the next decade.

The Health Committee intends when resources permit to develop and extend this service from health centres and clinics throughout the County.

It should be noted that the scheme is to include Vasectomy counselling for men living in the County but operating sessions will be centralised to selected premises offering the necessary standards.

Whilst there is no clear scientific evidence that cost deters people from seeking or obtaining contraceptive supplies the Committee believe that a policy of entirely free contraception would assist in reducing the number of unintended pregnancies.

9.3. Cervical Cytology

The Council's scheme is designed to complement the service offered by general practitioners throughout the County. Clinics are held at Oadby, Glenfield, Hinckley and Loughborough for those women requesting cyto-tests but whose family doctors are unwilling or unable to provide a service at their surgeries. Despite the length of time cervical smear tests have been carried out (notably in British Columbia) there is still no clear indisputable evidence that the screening of women, in this way, is completely effective. In consequence the Health Committee's aim is to see that cyto-testing is generally available to women of whatever age requesting a service but to limit the direct provision of clinics as outlined above.

9.4. Chiropody Service

No change in the administration of the Council's scheme is envisaged in the immediate future whereby more than 8,000 old people and physically handicapped people living in the County receive treatment through voluntary associations.

The main problem in providing foot care has been the recruitment of registered chropodists and a continuing priority is the rationalisation of their clinic sessions and domiciliary visits to achieve maximum cost-effectiveness.

The Health Committee see a need to employ directly senior chiropodists for specialised services including chiropodial treatment for school-children and to co-ordinate the work of the present service.

9.5. Community Dietitian

In recent months the Health Committee have employed a dietitian on a trial basis to give advice on diets, nutrition and aspects of domestic science to County residents who are referred by Consultants, General Practitioners, or their attached Community Nurses. This advice and practical assistance is given to referred cases in their own homes or at local clinics. Early indications suggest that the arrangement is providing a worthwhile addition to the Council's range of domiciliary services and if this is confirmed, proposals will be made to increase the establishment.

9.6. Medical Equipment Loan Service

This service provided for the Council by the Medical Aid Department of the Order of St. John and the British Red Cross Society has expanded rapidly in recent years. Over 20,000 items of equipment were issued to the sick and handicapped in 1971 and the turnover increased by 40% in 1972. The Health Committee's aim is to make home nursing equipment and aids to daily living readily (and if necessary freely) available throughout the County.

The service is administered from a central headquarters and depot in Cavendish Road, Leicester, where a display and training unit has been established for the caring professions and the relatives and friends of those requiring a service.

The Health Committee plan to supplement this invaluable advisory work by the addition of an occupational therapist to the staff.

9.7. Domiciliary Physiotherapy

As yet there is no authority for the County Council to make provision for domiciliary physiotherapy. However, the Health Committee are increasingly aware of the needs of the elderly and handicapped for physiotherapy to be provided at home, in day centres and at residential units both as a preventive measure and for the purposes of rehabilitation.

It is the intention of the Council to co-operate with the Regional Hospital Board and Voluntary Bodies in securing a domiciliary service which in the first instance might be set up with staff and volunteers trained by the Department of Physical Medicine at the Leicester Royal Infirmary.

9.8. Home Dialysis

The Council have co-operated with the hospital service to provide site-works and adaptation to homes and/or portable prefabricated units so as to house artificial kidney machines and the necessary ancillary equipment. As the Regional Hospital Board have included a Renal Dialysis Unit in their proposed hospital building programme for Leicester, the demand for this service is likely to increase markedly in future years. Every effort will be made to reduce the waiting time for patients in hospital by streamlining the complicated procedures.

10.0. ENVIRONMENTAL HEALTH

10.1. Public Health Inspectorate

The administration and duties of this section are well established and no major changes are foreseen in the next year. However, after reorganisation the staff will not be transferred to the Area Health Authority and the new Council will have to decide its place in the future. The Health Committee have concluded that a service is required at County level as a specialist section within the Department of the County Secretary and available to the Area Health Authority, other Departments of the County Council, and as a link with the Public Health Inspectors in the Districts.

Present Establishment:

County Health Inspector
Technical Assistant
Milk Sampling Officer
Warden of Gipsy Sites
Clerical Assistance

10.2. Gipsies and Itinerants

The Council's responsibility for the provision of sites for Gipsies and Itinerants stands referred to the Health Committee. Although a need for at least four sites of fifteen standings is accepted, so far, despite repeated attempts over a number of years, it has still not been possible to establish one suitable site.

During this time great difficulty has been experienced in acquiring appropriate sites and the cost of land and site works has escalated alarmingly. Nevertheless the Committee are committed to establishing four permanent sites as first priority which fulfil the following criteria:

- a. The site should be approximately two acres in extent.
- b. It should be near to a fairly large settlement in order to provide schooling for gipsy children and to allow the gipsy community to become established in the course of time.
- c. It should not be immediately adjacent to existing residential development.
- d. There should be a piped water supply and preferably main drainage.
- e. The site should not be too obvious to the local landscape.

In addition, the Committee also envisage the setting up of temporary and overnight accommodation for travellers. In the meantime the Warden appointed last year continues to establish close working relationships with travellers and their families visiting and settling in Leicestershire.

11.0.

ADMINISTRATION

11.1. The Health Department has already embarked upon a review of its methods of manpower planning. Policies will be developed and Sections encouraged to review performance standards, training arrangements and management development. The personnel section has now completed job description for all staff and it is planned to establish a comprehensive scheme for performance appraisal by the end of the year and ultimately a system of management by objectives.

The primary purpose will be to:

1. Communicate the Health Committee's strategy and priorities to all officers responsible for achieving results.
2. Provide a co-ordinated plan related to the financial and other resources available.
3. Enable the administration to compare results with objectives, identify shortcomings and opportunities for improvement and to set action plans for the next period.
4. Strengthen line management by holding individual officers accountable for key tasks and results.
5. Promote active participation by decentralisation of authority and encouragement of initiative.

11.2. Administrative and Clerical Staff

The Health Committee recognise that there is a paramount need to provide adequate administrative and clerical support to the doctors, nurses and professional staff working in the Community Health Services. The increasing complexity of the service demands management of the highest order and every effort will be directed:

- (a) to equip staff who have managerial responsibilities to meet the changing needs of the service, particularly those changes which will arise from Reorganisation and the implementation of the Hunter, Mayston and Quirk reports.
- (b) to provide a management development programme which will ensure that managers who leave or are promoted can be replaced by people who are competent to fill their roles.

11.3. Management Services

The Health Committee recognises the valuable assistance of the Council's Management Services Unit and will continue to make use of its expertise, particularly in the fields of Work Study, Training and Manpower Planning. Discussions are currently being held on the use of Flexitime which, subject to the approval of the Council staff and unions, it is hoped to implement on the move to Princess House. Not only will Flexitime assist staff in their new travelling arrangements but the trial scheme would provide useful information when considering whether the system should be extended throughout the Council's service.

11.4 Computer

The Council's computer assisted scheme for Vaccination and Immunisation continues to work well and over 100,000 children are now registered in the scheme. Since 1967 all children born in Leicestershire have been registered on the computer and in the financial year 1973/74 it is hoped to make appointments for routine school medical inspections and record the social and clinical findings by electronic data processing.

The Health Department look forward to the installation of the Council's new Univac Computer and the provision of a Visual Display Unit for School Health purposes. Preliminary consideration has been given to the establishment of age, sex and chronic disease registers for general practices and in due course it should prove possible to arrange computer generated appointments to a variety of screening and preventive clinics. In the light of this experience since 1967 the Health Committee wish to express their view that in the best interests of the local community the provision of computer services to the Area Health Authority should be by arrangement with the County Council rather than through the Board's present facilities at Sheffield.

12.0.

FINANCE

The cost of the health services has risen from £371m. in 1949/50 to an estimated £2135m. in 1972/73. Local Health Authority services cost £29m. in 1949/50 against an estimated £138m. in 1972/73. Half of the increase is due to increased pay and prices and at 1949 prices the expenditure has doubled over the 23 years.

In Leicestershire, the comparable figures were approximately £179,433 in 1949/50 and the estimated provision for 1972/73 is £1,491,290. Current expenditure by service is given below for the year 1971/72.

		1971/72
Local Health Services		
Health Centres	- -	23,500
Care of Mothers & Young Children		
Clinics & Centres	- -	39,369
Other Services	- -	17,860
Midwifery: General	- -	139,957
: Training	- -	19,041
Health Visiting: General	- -	125,473
: Training	- -	7,870
Home Nursing	- -	243,068
Vaccination & Immunisation	- -	35,327
Ambulance Service	- -	478,561
Prevention of Illness, Care & After Care	- -	
Tuberculosis	- -	4,470
Fluoridation of Water Supplies	- -	1,805
Chiropody	- -	36,160
Health Education	- -	16,520
Other Services	- -	26,787
Family Planning	- -	5,293
General Health Services	- -	50,319
Total Health Services	- -	<u>1,271,380</u>

13.0.

LIAISON SERVICES

13.1. Public Relations and Liaison

An important function of the Health Department is to keep the public informed about the health and social services provided by the County Council. The Health Committee encourages the flow of information to interested organisations and the public through publications, campaigns, lectures, talks and discussions.

Every opportunity is taken to explain policies and every effort made to secure local participation in the formulation of plans for service improvements. Informal links are maintained with the mass media and the Department acknowledge the invaluable assistance from the Council's Public Relations Officer.

The Health Committee is of the opinion that the provision of such a wide range of community services required co-operation and collaboration between the various bodies involved in the administration of the health and personal social services.

For this reason it is the policy of the Health Committee to foster the closest possible links between other Departments of the County Council, other Authorities, agencies and in particular the Executive Council and the Hospital Service. It is proposed to develop effective liaison arrangements with the Social Services Department prior to reorganisation.

13.2. Collaboration after Reorganisation

The Health Committee welcome the Departmental Working Party reports on the collaboration arrangements between Local Government and the Health Service with regard to Environmental Health, the School Health Service and the Social Services.

Accordingly it is anticipated that the new County Council will co-operate to the full in the work of the proposed statutory Joint Consultative Committees.

In addition to the areas specified the Health Committee see opportunities for collaboration in other fields of mutual interest as under which should be the subject of local discussion in due course:

Financial Services, e.g. Salaries and Wages

Legal Services, e.g. Land acquisition and conveyancing

Catering Services e.g. School meals, residential homes, hospitals
catering equipment, staff training.

Domestic and Cleaning Services, e.g. Special cleaning services,
caretaking, staff training.

Laundry Services, e.g. hospital and residential homes, soiled linen,
personal laundry.

Transport Services, e.g. Delivery of Supplies, goods for workshops,
staff and patients to day centres.

Architectural Services, e.g. Health Centres.

3. SPECIAL EDUCATION

3.1 Introduction

The Authority will continue to develop special educational services for children with handicaps, physical, mental and emotional, within the context of the normal school because it is considered better to avoid the segregation from their peers of groups of children, unless it is clearly in their interests to do so. It is recognised that it is not possible to make special provision in the normal school for some kinds of handicaps and consequently some children will have to be segregated from their fellows for some part or the whole of their education to enable them to receive treatment suited to their needs.

The incidence of some handicaps is such that it is not possible for a single education authority to provide for its children within its own boundaries. This means that it will not be considered essential to establish schools for the special needs of certain handicaps, e.g. blind children, but on the other hand some of Leicestershire's special education services are planned with regional needs in mind.

3.2 Deaf and Partially Hearing Children

(a) In 1972 there are in the County about 291 deaf and partially hearing children between the ages of 3 and 16 years. Of these there are 65 in special schools. Of the remainder, the great majority are suitable for education in normal schools as long as they receive support and reinforcement by a team of peripatetic teachers of the deaf. The remainder, whilst not so severely handicapped as to need to be segregated in a special school, nevertheless require a more specialist support and teaching than can be given by a normal class teacher and by visits from a peripatetic teacher. Such children are found over the whole age range and it is planned to provide for their needs by the establishment of two partially hearing units, each covering the infant, junior and secondary age groups, one on the Oadby Beauchamp/Brocks Hill School campus for the southern half of the County, and the other on the Thorpe Acre School campus, Loughborough, for the northern half of the County. The units will each be staffed by three teachers qualified in teaching children with hearing impairment plus appropriate ancillary staff and equipped with suitable audio equipment.

(b) It is also important to ensure that children are identified at an early age and the Health Department has made arrangements for the screening of all children by health visitors at the age of nine months. Health visitors are trained in this work by the peripatetic teachers of the deaf. Routine screening also takes place at 5 years of age on entering school and this is carried out by audiometricians, although the testing of some children is delayed to as late as the eighth year because of the lack of staff. There are at present 4 peripatetic teachers of the deaf available to carry out their wide range of duties, including:-

(i) The supervision of partially hearing children in ordinary schools, including the provision of remedial teaching and advice on classroom management to Head and class teachers.

(ii) Guidance to parents of pre-school hearing impaired children

(iii) Attendance at pre-school audiology classes.

(iv) Liaison with other disciplines involved in the care of children with hearing defects.

(v) Liaison with other agencies including schools for the deaf and partially hearing and the Mission for the Deaf.

(vi) Guidance to the parents of children attending special schools for the deaf and partially hearing, particularly those in residential schools.

Some work necessarily goes by default, and the strengthening of the team is essential if vital aspects of the service are to be carried out and improved.

3.3 The Education of Slow Learners

(a) There are two main groups of slow learning children - those who are backward through lack of innate ability and those who are retarded as a result of other causes. Many different factors can influence a child's development and cause educational backwardness so it is impossible to put children into neatly labelled categories. Over emphasis on a single characteristic such as I.Q. or attainment age may result in problems being over-simplified and categories being defined too rigidly. There must also be the possibility of continual review and re-assessment of the needs of individual children.

(b) Slow learning children have a need of special educational treatment to help them overcome their handicaps and achieve their full potential. However, the intellectually limited child will always require special educational treatment throughout its school life, and it is emphasized that such children cannot be taught effectively in large groups.

(c) About 10% of an age group are educationally retarded for one reason or another and this corresponds roughly to the I.Q. range 50 to 80. The majority would fall within the range 70 to 80 with about 3% within the range 50 to 70 and 1.4% within the range 50 to 65. There will be local variations. Using these figures it is estimated that there are rather more than 200 children of infant school age, 400 of junior school age, about 300 in the high school age range and a smaller number in the upper school age range in the I.Q. range 50 to 65. Because of limitations set by resources, both teaching and accommodation, priority should be given to this 1.4% for the provision of special educational treatment.

(d) An experimental start was made in this field two years ago with the establishment of the Infant Observation Unit at Glenfield. It has already made a considerable contribution to the more effective guidance and development of a very few backward children, but because it has been the only unit in the county, it has tended to take only the most severe cases. The children, selected by the Schools Psychological Service, have for the most part been very dull and those whose educational development has been delayed by additional handicaps such as epilepsy, autism, speech defects, etc. Another unit has recently begun at Hugglescote. Certainly, if similar units were available at a number of strategically placed centres in the county, there would be a more effective "preventative" service by giving dull children a better educational foundation on which to build than is possible in normal sized infant classes. From the experience of the Glenfield Observation Unit, the standard unit, to be sited at selected schools throughout the county, should be for up to 8 pupils, staffed by a qualified teacher and assisted by a nursery nurse. Each unit would need a classroom and an interview room and where possible adjoining cloak and toilets. About 30 such units would be required for the estimated number of slow learners in the infant school age range (1971 numbers).

(e) The development of a network of Infant Observation Units, will enable dull children requiring continuing special educational treatment to be

positively identified by the time they reach the age of seven years. The great majority of these children will not be in need of residential education and consequently a corresponding network of special Junior Units attached to selected ordinary primary schools will be essential if they are to receive the kind of teaching suited to their intellectual capacity. The Junior Unit should be designed for a maximum of 20 pupils and staffed by two teachers and an ancillary helper. About 22 units will be required throughout the county. The selection of pupils must be made by the Schools Psychological Service.

(f) The average High School and Upper School is expected to have about 20/25 dull children of whom 10 - 12 might be in the I.Q. range 50 to 65. In addition there could be another 40 to 50 retarded children although this group may be reduced in size with the effective operation of the Junior Special Education Units. With existing staffing ratios, it is difficult to organise groups for dull and retarded children in as small numbers as is desirable, particularly for those who need special teaching for the majority of their time in school. They also need their own secure base with their own teacher dealing with them on a personal basis, and they would only move from this base for specialist activities. In order to achieve teaching groups small enough and appropriate to their educational needs, it will be necessary to improve the staffing ratios in Secondary Schools and also to provide suitable accommodation resources where they can learn.

(g) Individual secondary schools will meet the needs of the slow learners in different ways. The task will be given different emphasis in different situations, but it is expected that each school will eventually be able to appoint a Head of Department responsible for the education of these children, responsible not only for the staff dealing with the group of children who have a priority need, but also for advising other members of staff who find themselves teaching backward children at intervals in the school programme.

(h) The development of special educational treatment of the dull and retarded child as outlined places emphasis on a child being educated, as far as can be arranged, on a day basis and within a normal school. It follows that children would be sent to our existing special schools for E.S.N. children only if there were a clear need for residential education for one cause or another. These schools, particularly Craven Lodge and Maplewell Hall must inevitably adjust to a new role, the adjustment taking place over a long period of time, since it will take a number of years to complete the proposals outlined above. As human and material resources become available for the implementation of these proposals, the two residential schools will inevitably tend to take a higher proportion of children who may not be only E.S.N. but also have significant behaviour or social adjustment problems.

(i) A programme of expansion for the education of dull children will require more teachers trained in the teaching of this kind of child than is now available. It does not seem likely that there will be sufficient teachers coming from the one-year courses in the teaching of backward children. Consequently, it will be essential to organise a scheme of in-service training to enable the special units to be effectively staffed. The Schools Psychological Service team and advisers have been engaged in the training of teachers in teaching retarded children but if training in this specialism is to be expanded and developed, then the team will need to be strengthened.

3.4 Schools Psychological and Child Guidance Service

(a) The development of a programme of education for slow learners will make increasing demands upon the Schools Psychological Service, which will be closely engaged at all levels in the continuing assessment of children with learning problems, their selection for special units, the guidance of teachers who are teaching these children and continued in-service training. The existing establishment is:-

I Senior Education Psychologist
3 Educational Psychologists
I Senior Remedial Teacher
2 Remedial Teachers
I Peripatetic Teacher of autistic children.

The number of Educational Psychologists is only half that recommended in the 1970 report of a national working party on "Psychologists in Education Services" and there must, therefore, be a progressive improvement in the establishment to a total of at least 8 Educational Psychologists, with appropriate supporting staff, if the slow learners and children with behavioural and mental handicaps are to have adequate specialist help and advice. 7/10 Consultant Children's Psychiatrists and 4 Social Workers are associated with the Educational Psychologists in Child Guidance Clinic work.

(b) More recently, concern has been expressed about those children with specific reading difficulties, and this problem is being given closer attention by the Educational Psychologists and the Remedial Teaching Team. A great deal, however, has still to be done in the field of assessing those who are backward in reading and in working out suitable programmes to enable them to overcome their particular difficulties. If this work is to be further developed and at the same time the in-service training of teachers for children with specific learning difficulties is to be extended, then the Remedial Teaching Team must be strengthened.

(c) The Regional Hospital Board is also proposing to add to the amount of time given by Child Psychiatrists to our Child Guidance Clinic, and they too will require appropriate supporting staff i.e. Psychiatric Social Workers and clerical assistance.

3.5 Physically Handicapped Pupils

(a) The Ash Field School was opened in 1970 and provides 90 places for physically handicapped children from the City and the County. Children who are selected for this school are considered to be too handicapped to be satisfactorily educated in ordinary schools.

(b) It is already evident that it will be inadequate to provide for all the physically handicapped children in the County, the City of Leicester and Rutland. In April 1972, the enrolment was 89 and because of improved medical care, the number of physically handicapped children per age group is rising, indicating a need for up to 150 places over the next few years. It is proposed to extend the school as soon as possible to provide places for a total of 150 pupils between the ages of 3 and 16 years.

3.6 Maladjusted Pupils

(a) According to the National Child Development Study (at the age of 7) about 13% of the age group were considered to show evidence of instability or psychological disturbance and in need of special educational treatment in order to effect their personal, social or educational re-adjustment. If this survey was accurate, then we would expect rather more than 11,000 children in the County with a lesser or greater degree of maladjustment. A more recent survey of the 9-11 year old group in the Isle of Wight suggests that the incidence of maladjustment is about 5.4%, but it must be recognised that the Isle of Wight situation is somewhat special. Even so, we might expect on this basis rather more than 4,500 maladjusted in the County.

(b) Facilities available at present are 60 places for children of junior school age at Craven Lodge School, which is primarily for E.S.N. children but a significant proportion do indicate some evidence of maladjustment. Similarly, there are 75 places for boys of secondary-age at Maplewell Hall and the Authority takes up 35 places for girls of secondary-age at Town Thorns, which is run by the Coventry Education Authority. The Homestead Hostel also provides for up to 24 children between the ages of 8+ and 16+. In association with the Social Services Department, education is provided for some maladjusted children at the Poplars Children's Home, Market Harborough, which is for up to fifteen boys between the ages of 10 and 16 years and The Holt Children's Home, Birstall, which is used largely as an assessment centre, and has a maximum capacity of 24. Over the next two or three years, the capacity of The Holt is to be increased to 30 residential and 12 day places.

(c) When all this is added together, the total capacity for this is very far short of the estimated incidence for maladjusted children, and whilst there is no evidence from schools that the numbers of maladjusted children will be in the thousands, it is clear that there are a few children who cannot be satisfactorily educated in ordinary schools. Detailed investigations are still being carried out, but it is probable that there will be some need for day units, suitably located around the County for those maladjusted children requiring special educational treatment which cannot be provided in ordinary schools.

3.7 Children with Speech Defects

(a) The National Child Development Study suggests that there are about 2,000 children in the County who on account of defect or lack of speech, which is not due to deafness, require special educational treatment. Speech Therapists in the County are provided for the School Health Service by the Health Department and the present establishment is one Chief Speech Therapist, two Senior Speech Therapists and ten Speech Therapists. The service not only provides for children of school age, but also for those of pre-school age and for adults. The future development of the organisation of the service is currently under discussion with the Principal School Medical Officer, and the Leicester City Education Department.

(b) The shortage of Speech Therapists has meant that rarely has the approved establishment been filled for any length of time and consequently it has not been as effective as desired. This situation is unlikely to change dramatically and the future service must be to ensure that children in schools receive at least as good a service as at present. It will, therefore, be important to ensure that there is an adequate

supply of trained Speech Therapists from colleges and that the variety and interest of the job encourages those in post to remain.

(c) There is a handful of children suffering from severe speech handicaps requiring more intensive and continuous treatment over a period than can be offered by the normal peripatetic service. The numbers in the County do not justify a special school, but there is probably a regional need for a special residential school for those children for whom it is difficult to obtain places at the two establishments in the south of England which cater for their needs.

The establishment of this type of school by the Authority warrants further investigation.

3.8 Severely Sub-normal Children

(a) When present approved building programmes are completed, there will be five day special schools for mentally handicapped children (formerly junior training centres) offering places as follows:-

<u>Name of School</u>	<u>Nursery Places</u>	<u>Special Care Places</u>	<u>5 - 16 years</u>	<u>Total</u>
Ashmount School, Loughborough.	10	10	40	60
Forest Way School, Coalville.	10	10	40	60
Birkett House School, Wigston.	10	10	80	100
Dorothy Goodman School, Hinckley.	-	-	60	60
The Mount School, Melton Mowbray.	10	10	30	50

The capacity of these schools will be adequate for the next three or four years, but as the population increases, so it is anticipated the number of mentally handicapped children will increase proportionately, and there will be a need for additional provision. Consideration is being given to alternative ways of dealing with the increased numbers including:-

- (i) Separate primary and secondary schools,
- (ii) Special units on normal school campuses,
- (iii) New all-through schools, similar to the five existing schools,

(b) Supporting this service in day special schools are peripatetic teachers working with autistic children, and with parents, and pre-school groups for mentally handicapped children. This peripatetic service, under the guidance of the Schools Psychological Service, is having success and it is proposed to further strengthen the team to provide for at least one peripatetic teacher for autistic children and one for pre-school aged mentally handicapped children for each day-school catchment area.

3.9 School Clinics

(a) A policy of establishing medical and dental suites at upper schools has been approved and a programme outlined so that each clinic can serve a school population of 3,000 - 5,000 pupils in areas which are not served by existing school clinics or existing or planned health centres. These suites will not eliminate the need for medical inspection/rest rooms at each school as set out in the Standards for School Premises Regulations 1959. The Department of Education and Science has agreed to four projects, Burleigh College, Loughborough in 1973, and Guthlaxton Upper School, Wigston, Countesthorpe High School and Coalville Upper School for 1973/74. Proposals for new school clinics to complete a pattern of facilities over the whole County are planned for:-

Earl Shilton Upper School
Oadby Beauchamp Upper School,
Shepshed Upper School,
Longslade Upper School, Birstall,
Groby/Anstey Upper School,
Quorn Rawlins Upper School.

The majority will be in conjunction with new school building.

SPECIAL EDUCATION - 10 YEAR PLAN

APPENDIX I

<u>1973/74</u>	<u>PROJECT</u>	<u>COST</u> £
	Infant P.H. Unit (Loughborough)	5,000
	Junior E.S.N. Unit	10,000
	3 School Clinics (Guthlaxton, Countesthorpe and Coalville)	40,000
	Extensions to Mount School	28,500
		83,500
<u>1974/75</u>		
	Junior P.H. Unit (Loughborough)	5,000
	Secondary P.H. Unit (Oadby)	5,000
	4 Infant E.S.N. Units	20,000
	4 Junior E.S.N. Units	40,000
	Extensions to Dorothy Goodman School	28,500
	Extensions to Ash Field School	80,000
	3 School Clinics (Earl Shilton, Oadby, Shepshed)	40,000
		218,500
<u>1975/76</u>		
	Secondary P.H. Unit (Loughborough)	5,000
	2 Infant E.S.N. Units	10,000
	2 Junior E.S.N. Units	20,000
	Secondary E.S.N. Units (6)	30,000
	2 School Clinics	26,000
		91,000
<u>1976/77</u>		
	2 Infant E.S.N. Units	10,000
	2 Junior E.S.N. Units	20,000
	Diagnostic/Assessment Centre	50,000
	1 School Clinic (Groby)	13,000
		93,000
<u>1977/78</u>		
	2 Infant E.S.N. Units	10,000
	2 Junior E.S.N. Units	20,000
	1 School Clinic (Quorn Rawlins)	13,000
	Provision of Additional 50 places (S.S.N.)	31,000
		74,000

<u>1978/83</u>	<u>PROJECT</u>	<u>COST</u>
20 Infant E.S.N. Units		100,000
12 Junior E.S.N. Units		120,000
Provision of additional 50 places (S.S.N.)		31,000
		251,000

